



Hume RICS

REGIONAL INTEGRATED
CANCER SERVICE

ANNUAL REPORT **2012/13**

Message from the Chair



On behalf of Hume Regional Integrated Cancer Service (Hume RICS) I am pleased to present the 2012-2013 Annual Report. The report highlights the significant achievements of Hume RICS in working towards accomplishing our purpose 'to guide and coordinate the development of cancer

services and positively make a difference to cancer support and treatment within the Hume region'.

A highlight of this year, generating significant national interest includes the establishment of strong and sustainable linkages in working with local Aboriginal Health Services and communities to provide training and education to health professionals and community members.

This program highlights cancer awareness and implementation of a program to build Aboriginal cancer control capacity and ultimately improve the quality of care and outcomes of Aboriginal people with cancer.

One of the key activities of the Victorian Integrated Cancer Services (ICS) is to implement supportive care screening into routine practice and over the past year Hume RICS has continued to improve and extend local systems to facilitate supportive care screening in both the public and private sector's main stream services. We expect that over the coming year, the number of patients screened will continue to improve as these systems are further embedded into standard cancer care in the Hume region.

Fostering consumer input into cancer service planning is a priority for Hume RICS with the consumer network continuing to develop and expand, with ongoing evaluation to ensure effective engagement with a range of consumers, carers and community members.

The Patient Pathways Mapping Project (PPM) was a large body of work conducted across the region to identify opportunities for system wide improvement and development to guide consistent and coordinated cancer care across the Hume region. This work also demonstrated the significant capacity of cancer clinicians and services in the Hume region to provide optimal care for people with cancer.

Further development of Multidisciplinary Team Meetings (MDTM) continues to progress with an increased number of local meetings and metropolitan linkages established across the region. As a result the coordination of care for patients who have their treatment planned through an MDTM is improved.

Through collaboration, networking and funding grants Hume RICS has supported member health services to implement cancer service improvements initiatives and ensure we continue to deliver quality cancer service improvements across the Hume region well into the future.

There were also a number of significant changes at an executive level during the last year including;

The resignation of Ms Kerry Healy as Chair of the Hume RICS Executive Committee in March 2013. Having assumed responsibility as Chair of the Governance Committee in 2009, Kerry made a considerable contribution to the development and achievements of Hume RICS over that period.

The resignation of Ms Wendy Lewis from Goulburn Valley Health (GV Health) as Chair of the West Hume Steering Committee and representative of the Executive committee.

The retirement of Mr Les Lambert, Team Leader Service Improvement from the Department of Health as the Executive Committee Regional Department of Health representative.

The Executive Committee and staff would also like to thank Mr Andrew Stripp for his role as interim Chair, Hume RICS Executive Committee from March to June 2013 and acknowledge the commitment and valuable contribution to Hume RICS from all departed executive members. A warm welcome is also extended to new members of the 2013-14 Executive Committee including;

Mr Dale Fraser, Chief Executive Officer of GV Health and Chair of the Hume RICS Executive Committee.

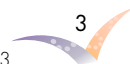
Ms Anne Robinson Divisional Operations Director of GV Health, chair of the West Hume Steering Committee and representative of the Executive Committee.

Ms Judith Moore, Program Manager Primary Health and Chronic Care Hume region and regional Department of Health representative on the Hume RICS Executive Committee.

The Executive Committee would like to thank everyone involved with Hume RICS, in particular all members of the Hume RICS team, the dedication of Network Committee representatives and their respective Health Services, lead clinicians and consumer representatives who continue to provide valuable knowledge and commitment into our governance committees throughout the year.

We look forward to continued positive outcomes next year and trust you find the annual report informative and interesting.

Mr Dale Fraser
Chair, Hume RICS Executive Committee



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Our Staff

Chris Packer
Strategic Manager

Monica Harvey
Personal Assistant

Megan Wright
Cancer Data and
Information Analyst

Wayne Hurley
Network Coordinator
Border/East Hume

Christine Ryan
Network Coordinator
West Hume

Rebecca Myers
Network Coordinator
Service Improvement Facilitator
Border/East Hume

Carole Mott
Service Improvement Facilitator
West Hume

Michelle Judd
Service Improvement Facilitator
West Hume

Robyn Sharman
Cancer Resource Nurse
Border/East Hume

Kathy Vickers
Cancer Care Coordinator
(NSW Position)

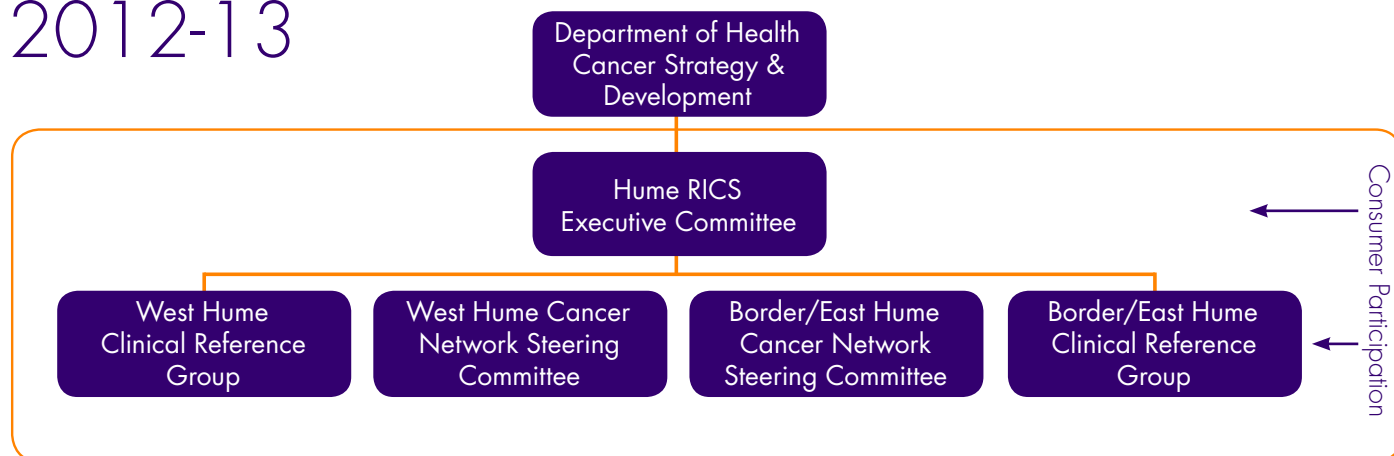
Liz Macpherson
Cancer Care Coordinator
(NSW Position)

Valda Murray
Aboriginal Project Officer
Cancer Australia Funding

Jennifer Grech
MDTM Administrator
Kilmore

Vanessa Sariman
MDTM Administrator
Border/East Hume

Hume RICS Governance Committee Structure 2012-13



Hume RICS Executive Committee



Mr Dale Fraser (Chair)
Chief Executive Officer
Goulburn Valley Health



Dr Craig Underhill
Border/East Hume Cancer Network
Clinical Director



Dr Mahesh Iddawela
West Hume Cancer Network
Clinical Director



Ms Judith Moore
Representative
Department of Health



Ms Anne Robinson
Chair, West Hume Cancer Network
Steering Committee
Divisional Operations Director Medical
& Critical Care
Goulburn Valley Health



Ms Catherine O'Connell
Chair, Border/East Hume Cancer Network
Steering Committee
Executive Director of Clinical Operations,
Albury Wodonga Health

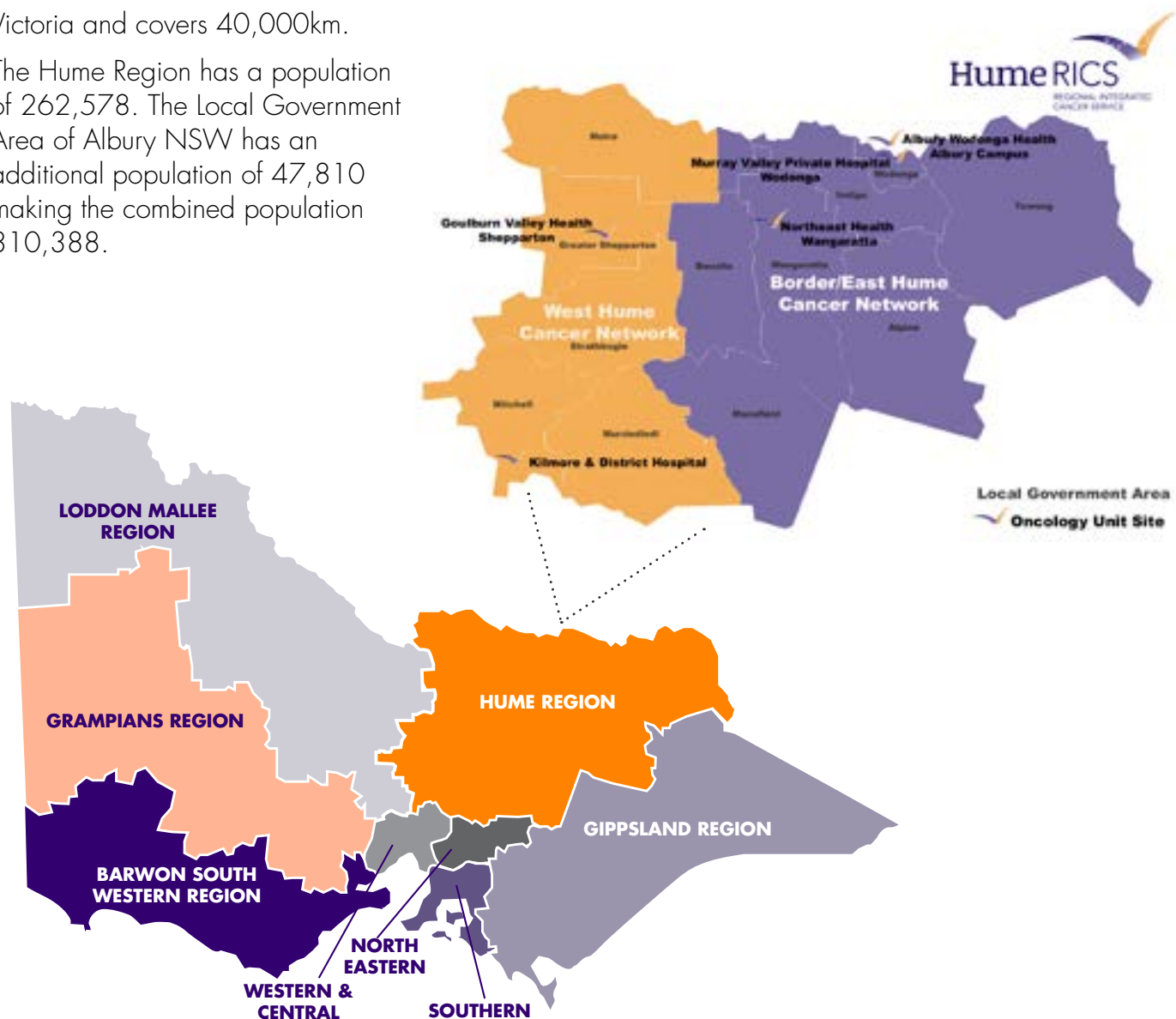


Ms Chris Packer
Strategic Manager
Hume Regional Integrated Cancer Service

About Us

Hume RICS is located in Northeast Victoria and covers 40,000km.

The Hume Region has a population of 262,578. The Local Government Area of Albury NSW has an additional population of 47,810 making the combined population 310,388.



Five year Cancer Survival by Integrated Cancer Service 2007-11

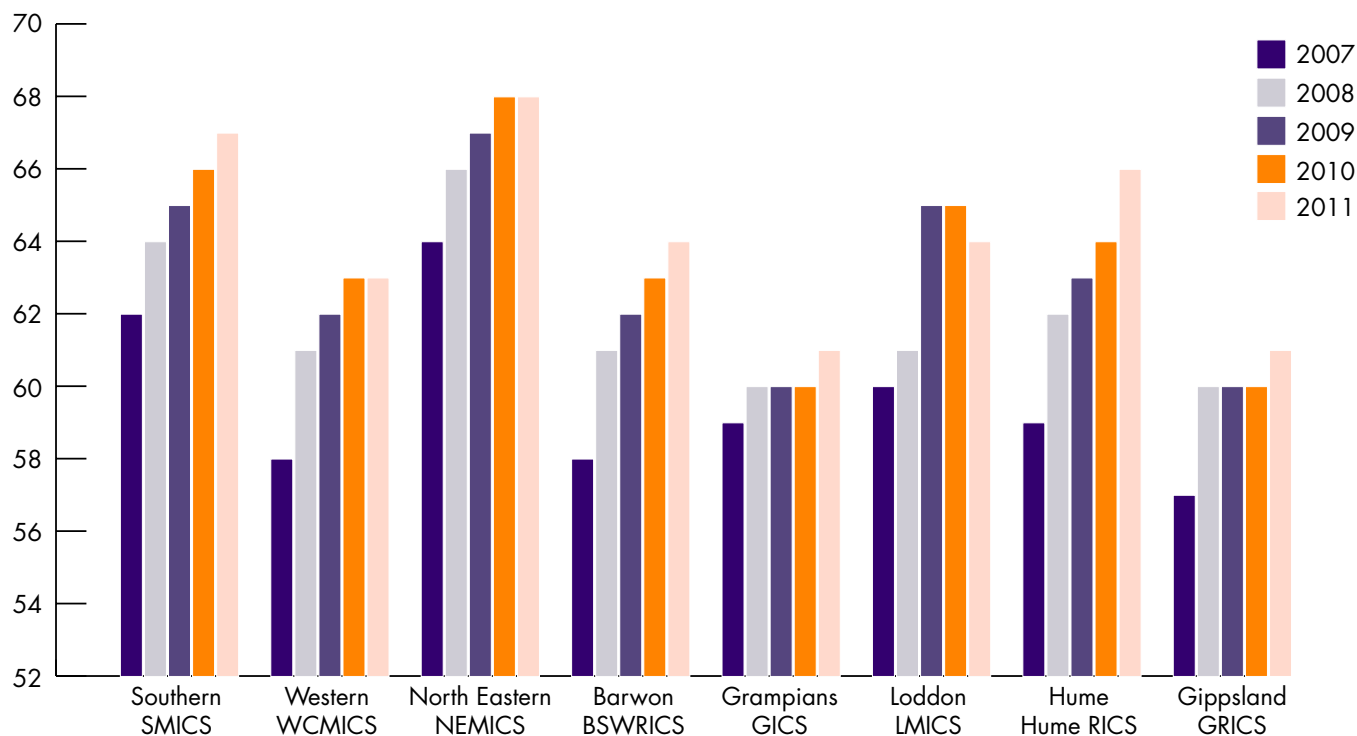
Analysis of survival rates of Victorians affected by cancer in 2007-11 has been completed by the Victorian Cancer Registry, Cancer Council Victoria (CCV).

The five year cancer survival of Hume residents has increased in 2011 and is now at 66%.

Figure 1 demonstrates that Hume RICS has:

- The highest five year survival rate of any regional ICS.
- The third highest five year survival rate of any ICS in Victoria.
- Greatest improvement in five year survival rates of any ICS within the last year.
- Consistent improvement in survival rates since 2007.

Figure 1 - Five Year Cancer Survival by ICS



SMICS = Southern Melbourne

WCMICS = Western & Central Melbourne

NEMICS = North Eastern Metropolitan

BSWRICS = Barwon South Western Regional

GICS = Grampians

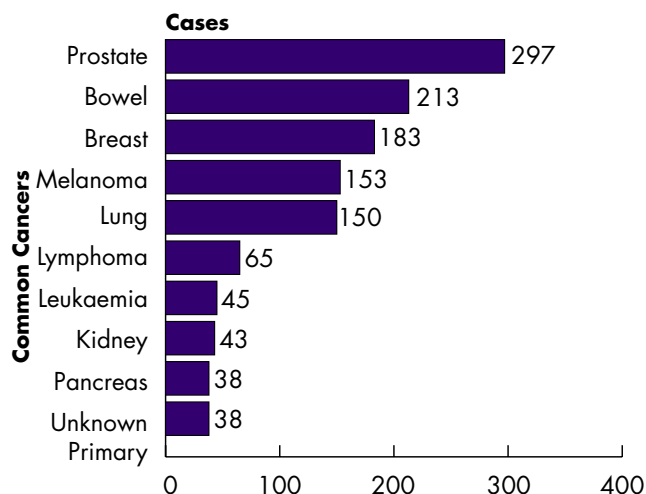
LMICS = Loddon Mallee

Hume RICS = Hume Regional

GRICS = Gippsland Regional

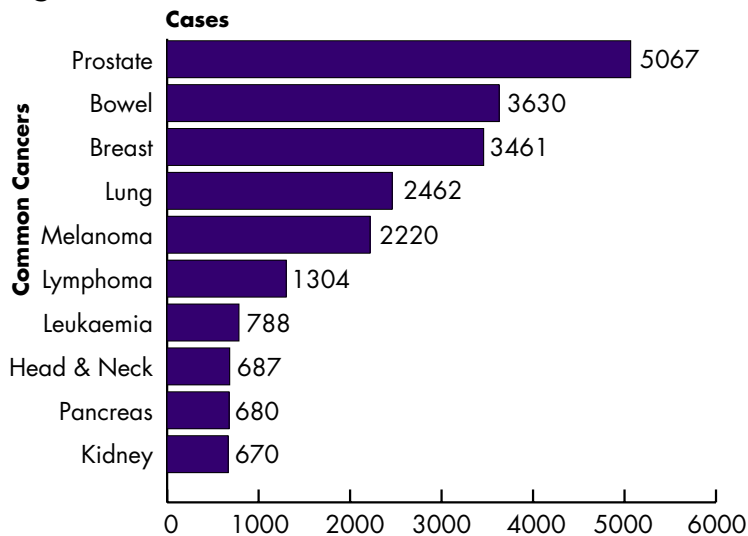
Cancer Data Trends Average New Cases Per Year over Five Years

Figure 2 - Hume Region Incidence



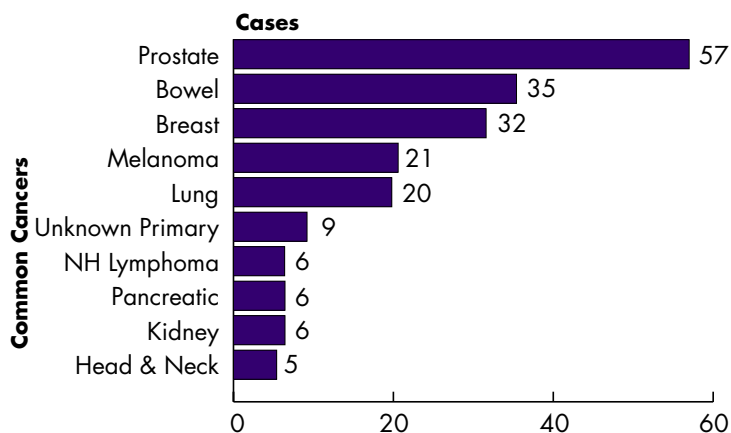
Source: Victorian Cancer Registry, Cancer Council Victoria 2008-12

Figure 4 - Victorian Incidence



Source: Victorian Cancer Registry, Cancer Council Victoria 2008-12

Figure 3 - Albury Local Health Network Incidence



Source: NSW Cancer Registry Reporting Module, 2010

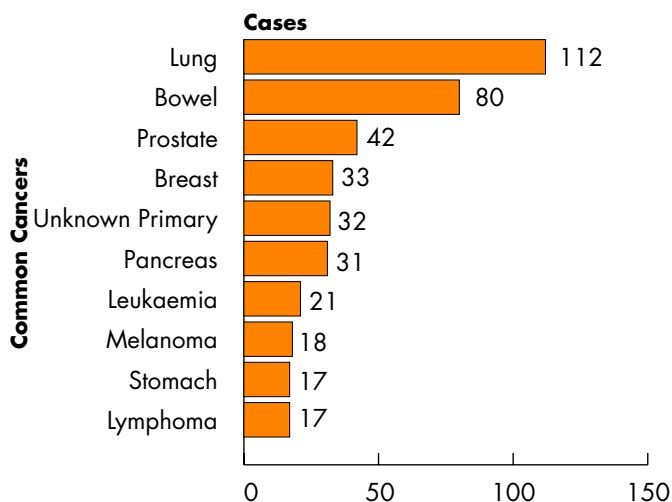
The average number of new cases (incidence) for the ten most common cancers per year is available from the CCV for the five year period 2008-12. This information is available for residents of the state of Victoria and the Hume region.

The cancer incidence figures for residents of the local government area of Albury NSW (local health network) are reported here separately. The most current information available from the Cancer Institute of NSW for this population is the five year period 2004-08.

Prostate, bowel and breast are the most common cancer types in each of the three populations. The fourth most common cancer type in Victoria is lung followed by melanoma, although melanoma ranks higher than lung in both Hume and Albury.

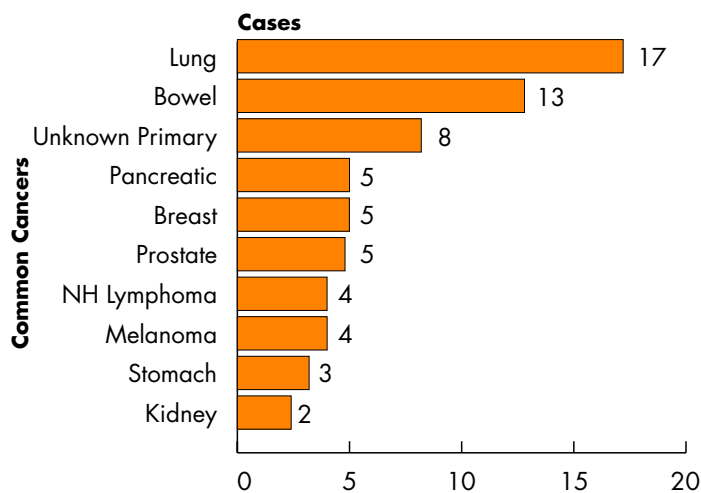
Cancer Data Trends Average Deaths Per Year over Five Years

Figure 5 - Hume Mortality



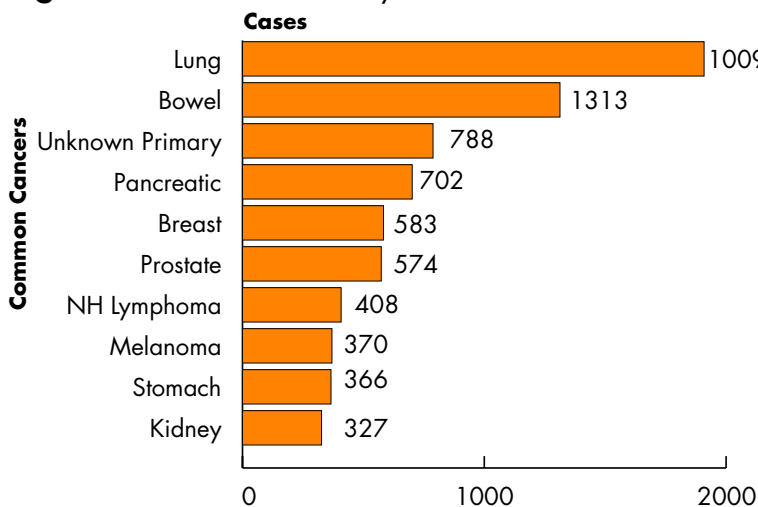
Source: Victorian Cancer Registry, Cancer Council Victoria 2008-12

Figure 6 - Albury Local Health Network Mortality



Source: NSW Cancer Registry Reporting Module, 2010

Figure 7 - Victorian Mortality



Source: Victorian Cancer Registry, Cancer Council Victoria 2008-12

Figures 5, 6 and 7 show the average number of deaths (mortality) for the ten most common cancers, per year for five year period 2008-12 for Hume region and Victoria and per year for 5 year period 2004-08 for Albury local government area.

The two cancer types with the highest annual average number of deaths is lung then bowel for each of the populations. This is followed by prostate and breast for both Hume and Victoria, while unknown primary is higher in Albury.



Multidisciplinary Care

International and national evidence has identified multidisciplinary care (MDC) as a key aspect in providing best-practice treatment and care for patients with a cancer diagnosis. Many people with cancer are treated by multiple health professionals within and across different health services and sectors. The nature of cancer diagnosis and treatment requires effective care coordination and communication through a multidisciplinary approach.

Regional Metropolitan Links

Hume RICS has created and strengthened links with metropolitan centres through the use of technology. Links are now well established with the Royal Women's Hospital (RWH), Royal Melbourne Hospital (RMH) and Royal Children's Hospital (RCH) for gynaecological cancers, lung cancer and for the collaborative care of children and adolescents with cancer respectively.

Multidisciplinary Team Meetings

Hume RICS has reported an increased number of patients being presented at MDTM as demonstrated in Table 1. There has been a strong focus over the past 12 months on increasing the availability of MDTMs for a greater number of tumour streams and on improving meeting administration.

Table 1: Number of Patients Discussed at MDTM in Hume Region

Year	Number of Patients Discussed at MDTM in Hume Region
2011-2012	701
2012-2013	836

Source: CANMAP the web-based system designed specifically for the management and administration of cancer care coordination services and multidisciplinary team meetings utilised throughout the Hume region



West Hume Network MDTM



Albury Wodonga Head & Neck Clinic Team



Care Coordination

Care coordination is a comprehensive approach to achieving continuity of care for patients. It is important that patients, with a diagnosis of cancer and their families and carers are supported through the complex treatment journey. Treatment may often be delivered across a number of different settings and health sectors. Hume RICS continues to collaborate with our partner health services to improve the coordination of cancer care across the region.

Children and Adolescent Capability Framework

A formal collaboration was established between Hume RICS, Albury Wodonga Health (AWH), the RCH and Paediatric Integrated Cancer Service (PICS) to develop and implement an evidenced based service capability framework. It has been developed and successfully tested to support the provision of a regional chemotherapy service as part of an expansion of the formalised, shared care arrangement between the RCH, AWH and PICS. This best practice service will generate local referrals to ensure

more families can be provided with a greater degree of care closer to home in the future. Early discussions are underway to introduce the framework into other regional health services under the PICS regional shared care program.

Patient Pathways Mapping

The Patient Management Frameworks (PMF), published by the Victorian Department of Health(DH), were developed to provide a consistent state-wide approach to the management of care across selected tumour streams. The intention is to improve patient outcomes by focussing discussion on the critical steps of the patient journey in order to identify priority areas for improvement. In 2012-13 Hume RICS completed a significant project across the region which described the successes and gaps in the implementation of the PMF across all stages of the patient journey for each of the four priority service improvement areas (Table 2 & 3). The state-wide reform identified the priority service improvement areas as: multidisciplinary care, care coordination, supportive care, reducing unwanted variation in care.

This project highlighted that the Hume region is well equipped to provide comprehensive, coordinated cancer care, with the majority of cancer treatment able to be provided close to home. In the case of a highly complex or rare cancer, clinicians in the Hume region have established linkages and referral pathways with specialists in tertiary facilities which support shared care arrangements between regional and metropolitan providers.

Implementation of the PPM Project recommendations will guide future Hume region service improvement activities.

Table 2: Tumour types identified as priority areas for the Border/East Hume Cancer Network

Tumour Type	Tumour Stream	PMF
Ovarian	Gynaecological	Ovarian
Melanoma	Skin	Melanoma
Larynx, pharynx and oral	Head & Neck	Larynx, pharynx and oral
Prostate	Genitourinary	Prostate
Testicular	Genitourinary	Testicular
Pancreatic	Upper Gastrointestinal	Pancreatic
Colon & Rectal	Colorectal	Colon & Rectal
Intermediate grade Non-Hodgkin lymphoma	Haematological	Intermediate grade Non-Hodgkin lymphoma
Non-small cell lung	Lung	Non-small cell lung
Cerebral metastases	Central Nervous System	Cerebral metastases
Malignant glioma	Central Nervous System	Malignant glioma

Table 3: Tumour types identified as priority areas for the West Hume Cancer Network

Tumour Type	Tumour Stream	PMF
Non-small cell lung	Lung	Non-small cell lung
Colon & Rectal	Colorectal	Colon & rectal
Breast	Breast	Breast
Prostate	Genitourinary	Prostate
Ovarian	Gynaecological	Ovarian
Melanoma	Skin	Melanoma
Larynx, pharynx and oral	Head & Neck	Larynx, pharynx and oral
Intermediate grade Non-Hodgkin lymphoma	Haematological	Intermediate grade Non-Hodgkin lymphoma



Strengthening Linkages between Service Providers

The Border/East Hume Cancer Network has a cross-border collaboration of public and private health services and clinicians. During the past year, Hume RICS has continued to forge new relationships and strengthen existing relationships with a variety of providers to develop systems to support patients who often receive treatment across multiple settings. This has included the establishment of a Care Coordination Group who meet quarterly to determine appropriate referral pathways between the multiple public and private services that are involved in the provision of care for people with cancer. We have also actively participated in service integration planning with organisations such as Medicare Local and the Primary Care Partnership.

Cancer Care Liaison Nurse

Hume RICS has supported GV Health to establish the role of a Cancer Care Liaison Nurse (CCLN) through a funded pilot program building on the experience of similar positions in the Border/East Hume Cancer Network. This position provides ongoing support and management of cancer patients by:

- Assisting patients and carers to better understand treatments
- Coordinating care and initiating appropriate referrals
- Providing emotional support and information throughout the journey

"I found the Cancer Care Liaison Nurse very approachable. She was very helpful on the first visit asking questions that we were too shell shocked to ask the doctor and would never have thought of. We appreciated having the support."

CCLN survey consumer response



*Consumer & Cancer Care
Liaison Nurse*

Supportive Care

Supportive care is a priority area of the Victorian Cancer Reforms and includes the five inter-related domains of care: physical, social, psychological, spiritual and informational.

With the support of our partner health services, Hume RICS has established a strong commitment to supportive care for patients and families with a diagnosis of cancer.

Supportive Care Screening

The supportive care screening program in the Hume region is building on work that was initially implemented in the last financial year. We are continuing to work closely with the public and private oncology units at GV Health, North East Health Wangaratta (NHW), AWH and Murray Valley Private Hospital (MVPH) to continue their screening programs with patients attending their first chemotherapy appointment. Hume RICS is also working in collaboration with Border Medical Oncology (BMO) and GV Health Oncology to further develop an evidenced based supportive care screening program. This program is built on the successes of existing screening systems, including the process utilised in the Care Coordination of Older Australians with Cancer (CCOAC) Project during 2012.

An evaluation of the supportive care screening program identifies that patients found the screening tool to be appropriate and the subsequent interview very helpful in clarifying information and providing a contact for support.

Results from Victorian Cancer Service Performance Indicators

Source: Cancer Service Performance Indicators Report 2012, Department of Health Victoria

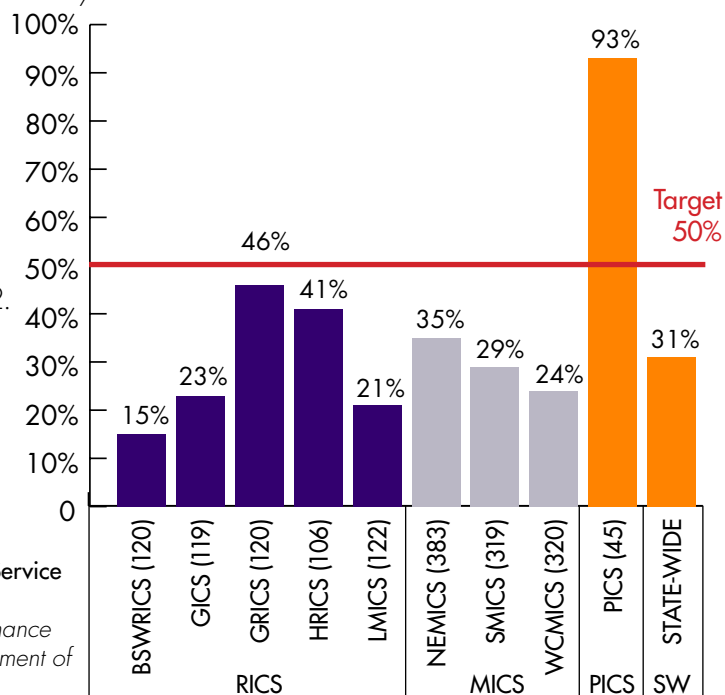
Supportive Care Screening Documentation

Efforts to strengthen and extend the screening program have resulted in considerable improvements in the Victorian DH Cancer Service Performance Indicator Audits for documented evidence of supportive care screening in the central medical record. The indicator program is one component of a number of cancer quality evaluation and benchmarking strategies.

As shown in Figure 8, Hume RICS' result of 41% of files included in the clinical audit is well above the state-wide average of 31% for 2012. Work is continuing across the region to expand and improve the supportive care screening process, including the expansion of the screening beyond the oncology units.

Figure 8 - Documented evidence of supportive care screening by ICS - Audit results 2012 (n = 3333)

Key % of files included in Clinical Audit





Cancer Care Coordinator
& Consumer

Reducing Unwanted Variation in Care

Cancer Service Capability Frameworks

In March 2013 an Australian National work program 'A review of Service Capability Frameworks relating to cancer' was commissioned by the Victorian DH through Hume RICS and in consultation with the National Cancer Expert Reference Group (NCERG) working party and planning consultants Philippa Milne & Associates. The aim of this work was to review existing clinical service capability frameworks to inform the development of a harmonised single model that could promote greater consistency in cancer service structures and classification nationally and across jurisdictions.

The capability of a health service is recognised as an essential element in the provision of safe and quality patient care. Cancer Service Capability Frameworks (SCF) aim to outline a standard set of minimum capability criteria including service requirements, staffing, support services and risk considerations for health services to ensure safe and appropriately supported clinical service delivery. This work has now concluded with the final report presented to NCERG and the Victorian DH endorsing Hume RICS as one of two initial pilot sites to test and refine the draft Service Capability Frameworks module and tools prior to the implementation of a state-wide trial.

This is a fantastic opportunity for the Hume region to participate in such an exciting piece of work that will define the minimum requirements for cancer services to provide progressively higher and more complex

levels of care in terms of the scope of service, staffing, infrastructure and clinical support services and is part of a broader tool kit for cancer service development, management and quality control that includes optimal care pathways for specific tumour streams, clinical standards and practice guidelines.

Professional Development

A very successful radiotherapy education day was facilitated with over 58 health professionals attending this day, including several attending via videoconference.

Hume RICS has also provided a number of opportunities through grants for Hume region staff, clinicians and consumers to attend the Victorian ICS Inaugural Conference.

Professional Development grants have also been provided to support nurses working in oncology to undertake formal qualifications.

Hume RICS in collaboration with Goulburn Valley Medicare local (GVML) and GV Health hosted an oncology education session, with 29 GPs from the West Hume in attendance.



Furthering Aboriginal Health and Cancer Services in the Border/East Hume Cancer Network Steering Group

Improving Aboriginal and Torres Strait Islander access to cancer knowledge

In October 2012 Hume RICS was successful in applying for funding from Cancer Australia to host a 'Well Women Workshop' promoting and encouraging

breast awareness and early detection of breast cancer in Aboriginal women. The day was held as a 'pamper and education day' where practitioners provided various therapies including mini facials, nail painting, foot spas and massage along with art therapy whilst listening to presenters deliver the key messages. A canvas was also available for the Aboriginal women to reflect their thoughts and feelings with paint throughout the day, the final result can be seen below.



Clinical Reference Groups

The Clinical Reference Groups (CRG) are the primary mechanism through which opportunities for cancer service improvement are identified and driven. The groups offer a "ground up" approach to quality improvement - clinicians who are involved in care delivery, with consumers, bring knowledge of local practice and a local understanding of services provided, referral patterns and strengths and weaknesses in services. Working together with Hume RICS Directorate and Executive, the CRG have a major role in determining strategies and interventions that impact on improving outcomes for people diagnosed with cancer.

Border/East Hume Clinical Reference Group

During 2012-13 the CRG has been actively overseeing and provided specialist advice on a number of important initiatives. Some of these include input on the Albury/Wodonga Regional Cancer Centre (AWRCCC), the PPM Project, establishing additional MDTMs, the Children and Adolescent Capability Framework, translating and providing advice on local cancer data trends for tumour streams and survival rates and providing expert clinical guidance for new local initiatives.

West Hume Clinical Reference Group

Last year saw further progress being made in developing clinical services in the region to provide high quality evidence based care for cancer patients, as recommended by Victoria's Cancer Action Plan 2008-11 (VCAP).

The established breast, gastrointestinal and skin MDTMs were progressing well with an increasing number of patients being discussed, and new lung and gynae-oncology MDTMs were started to allow patient's management to be discussed locally. This will ensure that most people diagnosed with cancer will be discussed at a MDTM locally, which is one of the aims of the cancer reform in Victoria.

Clinical trials allow patients to access new treatments and both national and international clinical trials have started locally, therefore increasing treatment options for local patients.

It has been an exciting year for cancer services in the West Hume, with significant progress made in improving cancer services with the aim of improving outcomes and reducing variations in care.

Below: Albury Wodonga Cancer Centre - Architect Image



Consumers

Hume RICS continues to involve consumers across the Hume region in cancer service improvements through a number of activities. These include involvement through focus groups, community forums, working parties, information development and other feedback. There was consumer representation at the 2013 Victorian ICS Inaugural Conference and on steering committees including the Kilmore & District Hospital Oncology review, Seymour Health Service Planning, the Aboriginal Health Project "Let's Yarn about Cancer Services" and Border East / West Hume Cancer Network committees.

Consumers have also played an important role with valued input into the AWRCC and the Wellness Centre model.

"I was extremely pleased to be invited to the Inaugural Victorian Integrated Cancer Services Conference in May this year as a consumer representative of Hume RICS.

I met some wonderful people, learned so much about enhancing Cancer Services and treatment. There is a real opportunity to engage consumers into building a system that is more responsive to everyone's needs".

*Consumer Participant
VICS conference consumer participant*

Right:
Consumer Representative West
Hume Cancer Network committee.
Photo by Liz Arcus



Hume RICS Consumers

Bill Kelly– Nathalia

“Why not me?”

Many people when diagnosed with cancer wonder “why me?”, not William Kelly his thoughts were “why not me?”. Bill’s “The Journey” is considered the world’s only series of visual artworks to trace a journey from diagnosis to major surgery and recovery.

This incredibly humble man’s life is a story in itself. Bill is an internationally recognised artist, humanist and human rights advocate. A recipient of the Courage of Conscience Award from The Peace Abbey in Sherborn Massachusetts and an Order of Australia-OAM 2008.

Bill and wife Veronica lead a creative life in regional Victoria; they are vegetarians and by Bill’s own admission very rarely take a tablet or visit the doctor, so when he became unwell a diagnosis as serious as cancer was totally unexpected.

“I had an initial blood test which was the start of the journey, two days later I had a colonoscopy which showed I had bowel cancer that required immediate surgery.”

So, Bill whose work is exhibited worldwide with art that addresses the complex issues of humanity, peace, justice and reconciliation, whilst sitting in the emergency department of GV Health after being directed there immediately by his GP, takes a breath looks at the arm with the cannula inserted and decides just as he must take a breath, he must create an image and he starts to draw.

“I thought that at least with the cancer I have options as to the treatment and the journey unlike so many of the social injustices in the world where many innocents are killed needlessly.”

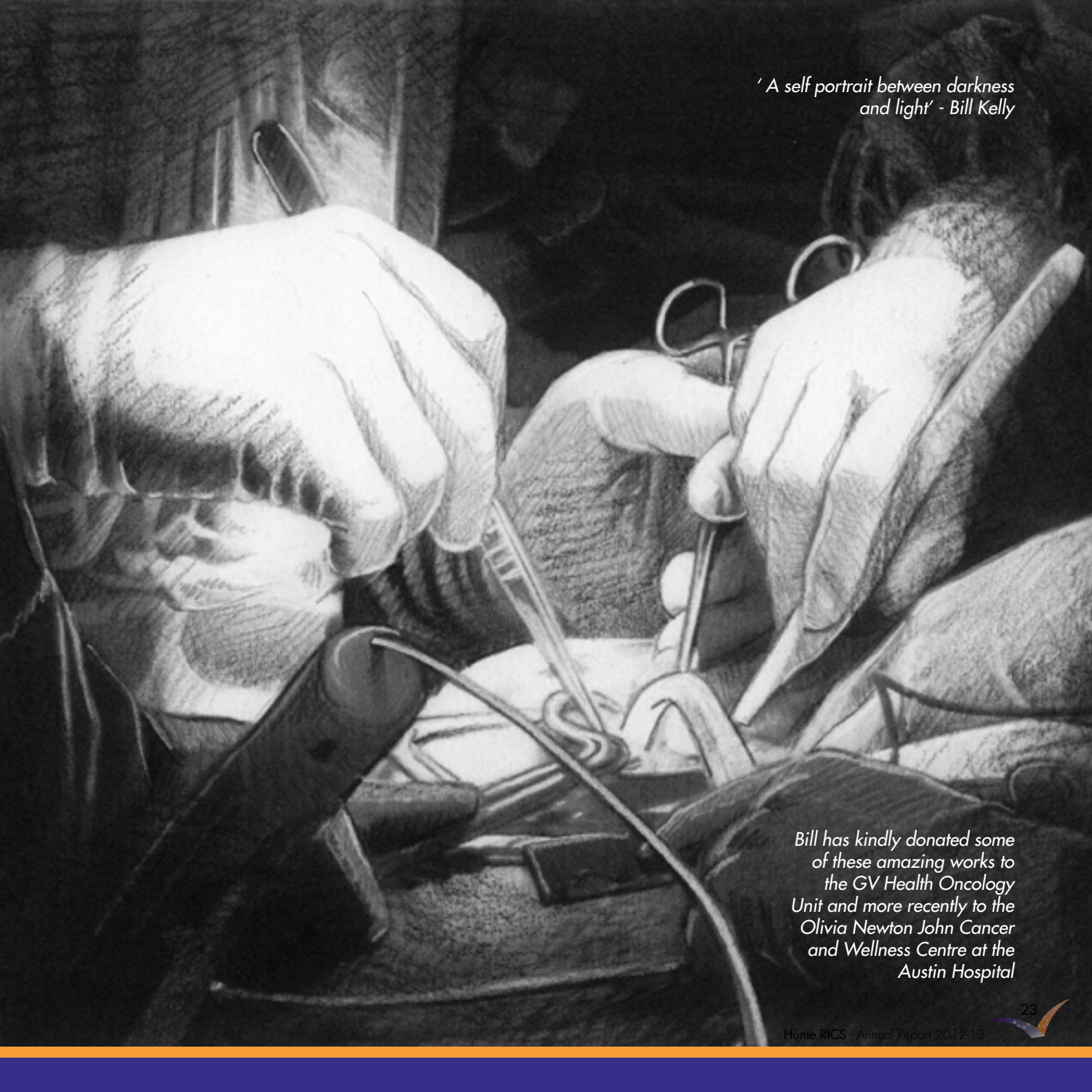
So “Why not me?”

Life really is a canvas to Bill; he photographed the people involved in all aspects of his treatment and later created some incredible images of the surgery itself. The series of photos truly show the human contact involved in a patient’s journey.

“When I first heard about the cancer, friends and family suggested I go to Melbourne for it, but my wife and I thought that there are good people everywhere so we made a pro-active decision in support of rural health.”



Right: Bill Kelly



*'A self portrait between darkness
and light' - Bill Kelly*

*Bill has kindly donated some
of these amazing works to
the GV Health Oncology
Unit and more recently to the
Olivia Newton John Cancer
and Wellness Centre at the
Austin Hospital*

Highlights of the Hume Regional Integrated Cancer Service

Improving Cancer Services for the Aboriginal Community

The Border/East Hume Cancer Network in collaboration with the Lung Foundation Australia and with funding from Cancer Australia undertook a project 'Let's Yarn' to the Aboriginal Community of Albury/Wodonga about Cancer Prevention, Early Diagnosis and Better Outcomes'.

This initiative resulted in the development of strong linkages between the cancer sector, Aboriginal Health Workers and the Aboriginal community in Albury/Wodonga, through a series of planning meetings, education sessions and the development of specific resources. An educational short film, 'Merle's Story' was produced to raise awareness around signs and symptoms of lung cancer. This film was launched during NAIDOC week 2012 and has been circulated nationally.

GP Project

In 2012 the West Hume Cancer Network implemented a project to improve and facilitate communication with General Practitioners, to raise awareness of referral pathways for tumour streams and to develop an accessible process for ensuring timely referrals to relevant specialists. A purpose designed web based page ensures the long term sustainability

of this project and will assist the potential replication of the project in other parts of the Hume region. Further work to expand this project was completed in 2012-2013 with the development and implementation of self populating referral letter templates for all tumour streams, formatted specifically for local GP software programs. These templates were then distributed and implemented across the West Hume region. A formal evaluation of this project will be undertaken in 2013-2014.

Regional Cancer Centre

Hume RICS have continued to contribute to the planning of the AWRCC including coordination of a series of clinician and health professional forums to obtain input into the design of the building, particularly the multidisciplinary team meeting/ education room and a wellness centre. A community forum was also coordinated and attended by over 50 community members.

Child and Adolescent Service Capability Framework

In collaboration with the PICS, RCH and AWH a paediatric chemotherapy service was developed at AWH for children and adolescents appropriate for shared care arrangements with RCH. Hume RICS has also worked with GV Health and the RCH to develop a process for the use of technology to access RCH MDTMs, tele-health consultations and education programs for paediatric unit staff and consultants.

*Right:
Chair of GV Hospice, Hume RICS staff, Dr Ira Byock,
Mrs Byock, Executive Manager GV Hospice*

Expansion of Supportive Care Screening

Hume RICS in collaboration with Border Medical Oncology and GV Health has developed and implemented a supportive care screening program for all newly diagnosed cancer patients attending their first medical oncology consultation.

Cancer Service Planning

Seymour Health sought assistance from Hume RICS to undertake a Cancer Service Plan in 2013. Hume RICS were able to collaborate with the DH, Seymour Health and associated health services and service providers with engagement from consumers through consultants to present a cancer service plan for the Seymour community.

Inaugural ICS Conference

The Hume region was well represented at the Inaugural ICS conference held in Melbourne (May 2013). Hume RICS staff provided several oral presentations including:

- Utilising existing community based supportive care and aged care resources for older patients with cancer - Updated results of the Care Coordination in the Older Adult with Cancer (CCOAC) project
- Identifying supportive care needs of patients new to medical oncology - a report on the development of a novel supportive care screening programme
- 'Let's Yarn' with the Aboriginal community of Albury/Wodonga about cancer prevention, early diagnosis and better outcomes
- Oncology Patients presenting to the Emergency Department
- Poster presentation: 'Identification of Cancer Pathways for General Practitioners and other Clinicians'.

Partnerships

In partnership with GV Hospice and Palliative Care Victoria, Hume RICS facilitated internationally recognised palliative care physician and author Dr Ira Byock's only rural engagement at Shepparton. The two sessions catered for health professionals and the community with over 250 people in attendance. Dr Byock's message of enabling people to forgive, appreciate, love and celebrate one another more fully, particularly when faced with a life-limiting illness.



Hume RICS Consumers

John Dobson, Albury

I put my hand up –

In the year 2000 we moved from Sydney to Albury to be nearer to our children and grandchildren. The move had been hard, and I was feeling very tired. I made an appointment for a general check up with a local GP. He gave me a full examination and suggested a blood test. This was new to me, never in my life had I had a needle stuck into me.

I had a follow-up with my GP who told me that he had made an appointment for me to see an Oncologist.

The Oncologist told me, "You have B grade follicular Non-Hodgkins Lymphoma and I would estimate that you have five to seven years". I replied "I won't need that dental treatment that I was planning". I have always tried to keep a sense of humour through my many experiences. The Oncologist suggested I start a course of Chemotherapy at Albury Base Hospital. I was then one of the first patients to participate in a clinical trial with just eight other patients. There would be another month of regularly sitting in an Oncology

chair with an unknown outcome.

"I'll put up my hand for that"

After a month, 95% recovery of my immune system.

Four years later the Lymphoma returned with a symptom of bad back pain. Lymph nodes had enlarged and were pressing on my kidneys. Again something had to be done.

A Stem Cell Transplant.

"I'll put up my hand for that"

Off to Melbourne. Good days, bad days, all tolerable due to the loving devotion of my wife Maddy and family members. During this time we stayed in the Bone Marrow Donor Institute House, opposite the Royal Melbourne Hospital.

After the transplant we returned home. Several infections again, put me into hospital. More Chemotherapy followed and a suggestion that I go back to The Royal Melbourne for more trials.

"I'll put my hand up for that"

It has now been 13 years since that first oncology visit and my lifetime of painting has been a huge release from the daily tensions in hospital and it continues to be a large part in my overall release.



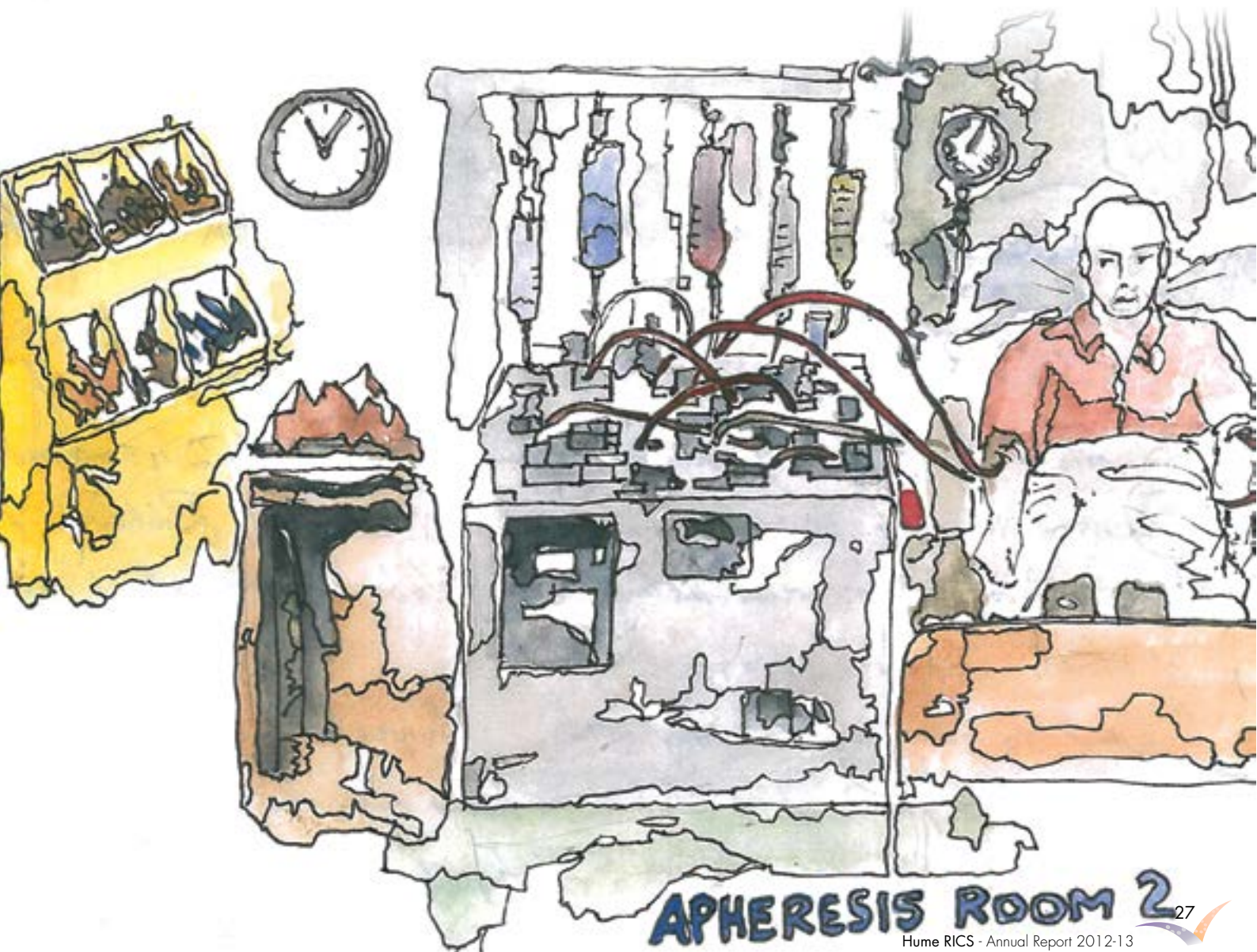
John Dobson - Consumer

*"The whole chemotherapy experience has totally bugged up my golf.
If anyone can offer advice.*

I'll put my hand up for that"

John Dobson

Artwork by John Dobson



APHERESIS ROOM 2



Future Directions

Service Capability Framework

Following the national 'Review of Service Capability Frameworks relating to Cancer', Hume RICS is one of two initial pilot sites that will test and refine the draft Service Capability Framework modules and tools prior to the implementation of a state-wide trial. Framework define the minimum requirements for cancer services to provide progressively higher and more complex levels of care in terms of the scope of service, staffing, infrastructure and clinical support services and is part of a broader tool kit for cancer service development, management and quality control that includes optimal care pathways for specific tumour streams, clinical standards and practice guidelines. This is an important piece of work for Hume RICS to ensure quality, coordinated and integrated service planning delivery across the region.

Collaboration

Collaboration continues to be a key component of Hume RICS. 2014 will see Hume RICS working with Metropolitan ICS, St Vincent's Hospital and our Hume partners to improve communication and the transfer of care for our patients. This will build upon previous work undertaken by Hume RICS to improve outcomes and reducing unwanted variations in care for our patients.

Information Technology

Information technology (IT) underpins important service improvements in 2014, with the potential to better identify unwanted variations in care and improve outcomes for patients with a diagnosis of cancer. The first of two notable areas where IT will have a significant impact is the new software to support MDC processes. This will be a significant body of work and is anticipated to improve the information that supports patient's care and their movement through the complex network of cancer services. The second is the completion of business requirements for consideration of oncology software for West Hume RICS which will support the safe and efficient ordering of complex chemotherapy medication.

Models of Care

An exciting project will launch in the second half of 2013 to oversee the development of two sustainable models of care for psychosocial support for cancer patients and their families and wellness model for the AWRCC.

Psychosocial Support for Cancer Patients and their Families

Access to psychosocial oncology support (including social workers and psychologists) for public and private patients in community and inpatient settings across both sides of the border has been identified as an issue by a variety of services in Albury/Wodonga and the surrounding rural communities.

The project will result in recommended strategies to increase access to psychosocial supports for patients and families in public and private health services, community and inpatient settings, and rural and regional areas in both NSW and Victoria.

Wellness Model of Care

People with a cancer diagnosis often express a need to balance the clinical aspects of their care with a more holistic approach to self care in order to better cope with the effects of the disease and treatment. 'Wellness' is a part of the move towards integrative medicine which expands ideas about health beyond the traditional western focus of treating disease, to also include a concern for the promotion of health and wellbeing. Wellness encompasses a number of dimensions, including physical, social, psychological, spiritual and informational.

In developing a model of wellness for the Border/East Hume Cancer Network, specific consideration will be required in relation to issues such as governance, resourcing, credentialing, service delivery and integration with the AWRCC model of care.



'A rose from my daughter' - Bill Kelly

Financial Statement

For the period July 2012 – June 2013

REVENUE

\$

ICS DH grant	\$1,185,880
Other DH grants	\$43,000
Accumulated interest	\$ -
Other revenue	\$128,734
TOTAL	\$1,357,614

EXPENDITURE

\$

Administrative salaries	\$886,112
Computer software	\$1,593
Administration & Office Supplies	\$113,180
Food	\$7,955
Repairs and maintenance	\$730
Capital/asset purchases	\$9,689
Equipment < \$2500	\$857
Recruitment	\$1,165
Motor vehicles and travel	\$16,686

Corporate/management charge by host agency	\$97,066
Rent	\$43,946
Staff training and education	\$958
Conferences & travel	\$17,852

PROJECT EXPENSES

\$

Consultancy	\$71,464
EXPENDITURE TOTAL	\$1,269,253

TOTAL

\$

Opening Balance 1 July 2012	\$283,423
Revenue Total	\$1,357,614
Expenditure Total	\$1,269,253
Balance of Funds June 30 2013	\$371,784

Our Health Service Partners

Goulburn Valley Health (Host Agency)

Albury Wodonga Health

Albury Wodonga Private Hospital

Alexandra District Hospital

Alpine Health

Beechworth Health Service

Benalla and District Memorial Hospital

Cobram District Hospital

Euroa Health

Gateway Community Health

Kilmore and District Hospital

Mansfield District Hospital

Nagambie Hospital

Nathalia District Hospital

Northeast Health Wangaratta

Numurkah District Health Service

Seymour Health

Shepparton Private Hospital

Tallangatta Health Service

Upper Murray Health & Community Services

Walwa Bush Nursing Centre

Wangaratta Private Hospital

Yackandandah Bush Nursing Hospital

Yarrawonga District Health Service

Yea & District Memorial Hospital

Acronyms

Albury Wodonga Health

Albury Wodonga Regional Cancer Centre

Border East Hume Cancer Network

Border Medical Oncology

Cancer Care Liaison Nurse

Cancer Council Victoria

Care Coordination of Older Australians with Cancer

Clinical Reference Group

Department of Health

General Practitioner

Goulburn Valley Health

Goulburn Valley Medicare Locals

Hume Regional Integrated Cancer Service

Information Technology

Integrated Cancer Services

Kilmore & District Hospital

Multidisciplinary Care

Multidisciplinary Team Meeting

Murray Valley Private Hospital

National Cancer Expert Reference Group

New South Wales

Northeast Health Wangaratta

Paediatric Integrated Cancer Services

Patient Management Frameworks

Patient Pathway Mapping Project

Royal Childrens Hospital

Royal Melbourne Hospital

Royal Womens Hospital

Service Capability Framework

Victoria's Cancer Action Plan 2008-2011

West Hume Cancer Network

AWH

AWRCC

B/E

BMO

CCLN

CCV

CCOAG

CRG

DH

GP

GV Health

GVML

Hume RICS

IT

ICS

K&DH

MDC

MDTM

MVPH

NCERG

NSW

NHW

PICS

PMF

PPM

RCH

RMH

RWH

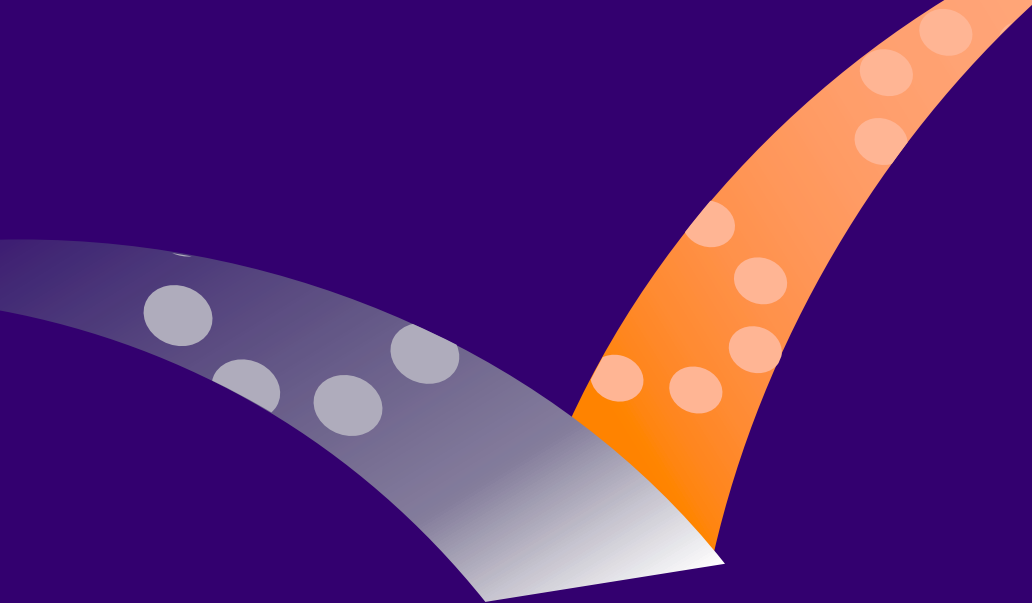
SCF

VCAP

West

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Hume RICS Contact Details:

Hume RICS Directorate and West Hume Cancer Network

63 Wyndham Street
SHEPPARTON VIC 3630

Phone: 03 5832 8301

Fax: 03 5821 4366

Border / East Hume Cancer Network

107 Hume Street
WODONGA VIC 3690

Phone: 02 6057 5200

Fax: 02 6057 5222

Email: info@humerics.humehealth.org.au

Website: www.humerics.org.au

